

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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49						
50						
TOTAL IND.	10					
TOTAL DEP.	24	↔	↔	↔	↔	↔
TOTAL CLAIMS	34					

	*	*	*	*
	IND.	DEP.	IND.	DEP.
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97				
98				
99				
100				
TOTAL IND.				
TOTAL DEP.		↔	↔	↔
TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS